

Attention Senior Clubs and County Council on Aging!

Please complete the following information if your senior citizen club or county council on aging has recently elected new officers. The information should be sent to: Regional Aging Service Program Administrator, Northeast Human Service Center, 151 S. 4th Street, Suite 401, Grand Forks, ND 58201.

NAME AND ADDRESS OF SENIOR ORGANIZATION:

NAME AND ADDRESS OF NEW PRESIDENT:

TELEPHONE NUMBER OF PRESIDENT:

PLEASE SHARE THIS NEWSLETTER WITH YOUR MEMBERS!!!

NORTH DAKOTA AGING and DISABILITY Resource-LINK

Your Care Choice Connection to Aging and Disability Resources

1-800-451-8693

www.carechoice.nd.gov

Regional Aging Service Program Administrator
Northeast Human Service Center – Aging Services
151 S. 4th Street, Suite 401
Grand Forks, North Dakota 58201
(701) 795-3000 Toll Free: 1-888-256-6742
Fax (701) 795-3050

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AGING SERVICES

Volume X Number 4

Region IV Serving Grand Forks, Nelson, Pembina & Walsh Counties

Winter 2008

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Aging Services Newsletter

Please share this newsletter with a friend, coworkers, at your senior center, post on a bulletin board, etc....If you wish not to be on the mailing list for the newsletter please call 795-3000 and ask for Patricia Soli. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. Northeast Human Service Center makes available all services and assistance without regard to race, color, national origin, religion, age, sex or handicap and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975 as amended. Northeast Human Service Center is an equal opportunity employer. This publication can be made available in alternate formats.



MISSION STATEMENT:

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.

SAVE
THE
DATE

The 2009 ND Forums on Aging Health Promotion and Disease Prevention

April 20, Dickinson and Grand Forks

April 21, New Town and Williston

April 22, Ellendale and Lisbon

April 23, Bismarck

April 24, Rugby

Keynote Presentations

Dr. James H. Swan

Professor, University of North Texas, Department of Applied Gerontology

Susan Raymond

Aging Program Specialist, Region 8 Administration on Aging

AARP

"Healthy Lifestyles"

Watch for more information in your local
newspaper and your mail!

Sponsored by:

The ND Governor's Committee on Aging in cooperation with the ND Department of
Human Services, Aging Services Division

Eldercare Locator

Beginning in December 2008, the Eldercare Locator will launch a **new national approach to connecting callers to aging information and resources**. The new nationwide call routing system has been months in the making, as the U.S. Administration on Aging (AoA) and National Association of Area Agencies on Aging (n4a) have been working to design **a modernized process to link callers to aging network information and referral numbers without having consumers make a separate call**.

Currently, a call to the Eldercare Locator begins with a connection to a call center where operators query consumers about their needs and provide statewide special purpose and local AAA numbers to get callers started on the path of connecting to aging network services and supports. The new call routing system will directly connect callers to local AAA information and referral/assistance programs.

Currently there are seven states Alaska, Nevada, New Hampshire, North Dakota, Rhode Island, South Dakota, Wyoming, the District of Columbia, American Samoa and the Virgin Islands with single planning and service areas. **In these single PSAs, Eldercare Locator calls will continue to be routed to the state unit on aging. In all other states, the statewide special purpose numbers (the state long term care ombudsmen, SHIP directors, for example) will no longer be routed to state units on aging. Rather, all calls originating in a state will be routed to the appropriate area agency on aging.**

About the Eldercare Locator

The Eldercare Locator was launched in 1991 as part of the U.S. Administration on Aging's National Information and Referral Initiative. This initiative established the Eldercare Locator and the National Aging I&R Support Center as a concurrent strategy to strengthen the national aging I&R network and help consumers make quicker connections to aging information, supports and services in local communities.

The Eldercare Locator became the nation's first national toll free number to assemble one database of state and area agency on aging information to help callers find services and supports. Each year, the integrity of this database was ensured by having states and area agencies update information. Over the years, the Eldercare Locator has raised the visibility of the aging network and has strengthened aging information and referral program recognition as one nationwide system.

In 2001, the Eldercare Locator evolved to include an on-line web based system, expanding opportunities for consumers and professionals to access the service and obtain information electronically.

National Directory of Aging Resources

A 2009-2010 National Directory of Aging Resources will be published by n4a. It will have a similar format to previous directories with state by state contact information for state units on aging, area agencies on aging and title VI agencies. It will be available in an online subscription and print version. The target release for the new directory is January/February, 2009.

Next Steps

AOA and NASUA will provide all state units with additional details on the Eldercare Locator changes, including answers to frequently asked questions so that you can continue to promote this service. We will also provide an outline for

the database update process for the seven single planning and service area states that will serve as the focal point for Eldercare Locator calls coming to those states. Please feel free to contact Bernice Hutchinson on the NASUA staff at bhutchinson@nasua.org or 202-898-2578 for more details about this initiative.

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Prescription Assistance Program
808 3rd Ave S, Suite 207
Fargo, North Dakota 58103
Phone: (701) 364-0398
Fax: (701) 364-5367
Email:
papfargo@southcentralseniors.org

Commerce's NTIA Awards \$2.7 Million to National Association of Area Agencies on Aging to Help Seniors Transition to Digital TV

WASHINGTON—The Commerce Department's National Telecommunications and Information Administration (NTIA) announced today an award of \$2.7 million to the National Association of Area Agencies on Aging (n4a) to help seniors transition to digital television through the TV Converter Box Coupon Program. Full-power TV broadcasters switch from analog to 100 percent digital broadcasts after February 17, 2009.

"Vulnerable consumers will be helped with the technical assistance that n4a will provide," said Meredith Baker, acting NTIA administrator. "They have the right mix of capacity, skills and experience—as well as trust and standing among seniors—to lead this effort to help older adults transition to digital television."

The association will assist seniors with completing a coupon application, obtaining a converter box and connecting the device to a television in the home now to the end of April. They are partnering with credible and effective organizations, together forming the Keeping Seniors Connected (KSC) Coalition. These include the Meals on Wheels Association of America, the National Association for Hispanic Elderly, the National Asian Pacific Center on Aging and the National Caucus and Center on Black Aged. The association recently served as the lead national organization on a \$5 million contract, successfully coordinating assistance in promoting Medicare Part D enrollment.

"With extensive outreach in communities across the country, the Keeping Seniors Connected organizations will reinforce the efforts of the NTIA and their contractors by directly disseminating

customized, targeted information about the transition to these vulnerable populations,” said Sandy Markwood, CEO of the National Association of Area Agencies on Aging. “Most importantly, n4a will then offer seniors the direct, one-on-one assistance that most will need in order to make a smooth transition to DTV.”

NTIA is working with more than 300 federal and private organizations to ensure a smooth digital TV transition for America’s seniors and other households. Also, NTIA’s consumer education effort, including the “apply, buy and try” campaign to urge consumers to request coupons before the end of the year, is proving effective. To date, more than 18 million households have requested more than 35 million coupons, and more than 14 million coupons have been redeemed.

Background

The Digital Television Transition and Public Safety Act of 2005 requires full-power television stations to cease analog broadcasts and switch to digital after February 17, 2009. The Act authorizes NTIA to create the TV Converter Box Coupon Program, which is funded by the \$19 billion airwaves auction and not tax dollars.

Digital broadcast television offers consumers a clearer picture, more programming choices and will free up the airwaves for better communications among emergency first responders and new telecommunications services.

Consumers receiving free, over-the-air television on analog televisions will need to act to ensure their televisions continue to work when full power television stations go all-digital. Viewers of over-the-air television need to look at each analog set in their home that is not connected to cable, satellite or other pay television service and make a timely decision. They can connect their television to cable, satellite or pay television service; they can

replace it with a digital TV; or they may keep it working with a TV converter box.

For consumers choosing the converter box option, the TV Converter Box Coupon Program permits all households to request up to two coupons - each worth \$40 - toward the purchase of certified converter boxes. Coupons may be requested until March 31, 2009, or while supplies last. Consumers can purchase a converter box at one of the more than 35,000 participating local, phone or online retailers. Coupon applications can take several weeks to process and mail so consumers opting to purchase a converter box should act now, and should call stores before shopping to ensure the desired converter box is available. Converter boxes generally cost between \$45 and \$80 and coupons expire 90 days from the date they are mailed.

Some viewers watch programs over translators or other low-power stations which may continue broadcasting analog signals after February 17, 2009. Those viewers may wish to select a converter box that will pass through analog signals.

Households may apply now for coupons online at www.DTV2009.gov, by phone at 1-888-DTV-2009 (1-888-388-2009), via fax at 1-877-DTV-4ME2 (1-877-388-4632) or by mail to P.O. Box 2000, Portland, OR 97208-2000. Deaf or hard of hearing callers may dial 1-877-530-2634 (English TTY) or 1-866-495-1161 (Spanish TTY). Nursing home residents may apply with the paper application available downloadable at www.DTV2009.gov. Consumers will receive a list of eligible converter boxes and participating retailers with their coupons. Coupons expire 90 days after they are mailed, and only one coupon can be used to purchase each coupon-eligible converter box.

For more information about the Coupon Program, please visit

www.DTV2009.gov and for questions about the DTV transition, go to www.dtv.gov or call 1-888-CALL-FCC.

NTIA is responsible for the development of the domestic and international telecommunications policy of the Executive Branch.

PREVENTING TRAUMATIC BRAIN INJURY IN OLDER ADULTS

If you are one of the millions of people in this country who provides care for an older adult – a parent, grandparent, other family member, professional caregiver, or a close friend – you should learn about traumatic brain injury or TBI. A TBI is caused by a bump or blow to the head that affects how the brain normally works. TBI is a special health concern for older adults. People ages 75 and older have the highest rates of TBI-related hospitalizations and death. They also recover more slowly and die more often from these injuries than do younger people. Falls are the leading cause of TBI.

What are the signs and symptoms of TBI?

Symptoms of TBI include:

- Low-grade headache that won't go away
- Having more trouble than usual remembering things, paying attention or concentrating, organizing daily tasks, or making decisions and solving problems
- Slowness in thinking, speaking, acting, or reading
- Getting lost or easily confused
- Feeling tired all of the time, lack of energy or motivation
- Change in sleep pattern – sleeping much longer than before, having trouble sleeping
- Loss of balance, feeling light-headed or dizzy
- Increased sensitivity to sounds, lights, distractions

- Blurred vision or eyes that tire easily
- Loss of sense of taste or smell
- Ringing in the ears
- Change in sexual drive
- Mood changes like feeling sad, anxious, or listless, or becoming easily irritated or angry for little or no reason

A person with moderate or severe TBI may show the symptoms listed above, but may also have:

- A headache that gets worse or does not go away
- Repeated vomiting or nausea
- Convulsions or seizures
- Inability to wake up from sleep
- Dilation of one or both pupils
- Slurred speech
- Weakness or numbness in the arms or legs
- Loss of coordination
- Increased confusion, restlessness, or agitation

Older adults taking blood thinners (e.g. Coumadin) should be seen immediately by a health care provider if they have a bump or blow to the head, even if they do not have any of the symptoms listed above.

What should you do if you think the older adult in your care has a TBI?

Take them to the doctor. Tell the doctor about any prescription drugs, including over-the-counter medicines, blood thinners, or aspirin that the older adult takes.

Can TBI be prevented?

YES. Here are some things you can do to help prevent falls, the most common cause of TBI among older adults.

The most effective way to prevent older adults from falling is to do all of these things.

- **Encourage Exercise.** Exercise is one of the best ways to reduce older adults' chances of falling. Exercises that improve balance and coordination, like Tai Chi, are most helpful. You

should check with the older adult's doctor about which exercises are safest and best for them.

- **Make the home or surroundings safer.**
- Remove things from stairs and floors that might cause tripping.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Place items used often within easy reach, so that a step stool is not needed.
- Install grab bars next to the toilet and in the tub or shower.
- Place non-stick mats in the bathtub and on shower floors.
- Add brighter lighting and reduce glare by using lampshades and frosted bulbs.
- Be sure there are handrails and lights on all staircases.
- Be sure the older adult wears shoes that give good support and have thin, non-slip soles. They should avoid wearing slippers and socks and going shoeless.
- **Ask the health care provider to review all medicines.** Ask the doctor or local pharmacist to look at all the prescription medicines the older adult takes as well as non-prescription drugs like cold medicines and various supplements. As people age, the way some medicines work in the body can change. This could cause a person to feel drowsy or lightheaded, which could lead to a fall.
- **Take the person in your care for a vision check.** Make sure an eye doctor checks to be sure eye glasses are correct and that there are no conditions that limit vision, like glaucoma or cataracts. Poor vision can increase the chance of falling.

For more information: Call the Centers for Disease Control and Prevention (CDC) toll-free at 1-800-232-4636 or visit www.cdc.gov/BrainInjuryInSeniors.

Nutrition Sites Call the Grand Forks Senior Center

for more information at
701-772-7245

Grand Forks & Nelson counties.

<http://gfseniorcenter.org>



Walsh County Nutrition Program, Walsh County
701-284-7999.

Pembina County Meals & Transportation, Pembina County
701-454-6586.

HHS Takes New Steps to Accelerate Adoption of Electronic Prescribing Medicare Payments for Successful Electronic

Prescribers, Reporting Quality Data are Important Steps Toward a Value-Driven Health Care System

ELECTRONIC PRESCRIBING

Medicare is taking new steps to speed the adoption of electronic prescribing (e-prescribing) by offering incentive payments to physicians and other eligible professionals who use the technology. E-prescribing is more efficient and convenient for consumers, improves the quality of care, lowers administrative costs and its widespread use would eliminate thousands of medication errors every year. Beginning in 2009, and during the next four years, Medicare will provide incentive payments to eligible professionals who are successful electronic prescribers. Eligible professionals will receive a 2 percent incentive payment in 2009 and 2010; a 1 percent incentive payment in 2011 and 2012; and a

one half percent incentive payment in 2013.

Beginning in 2012, eligible professionals who are not successful electronic prescribers will receive a reduction in payment. Eligible professionals may be exempted from the reduction in payment, on a case-by-case basis, if it is determined that compliance with requirement for being a successful prescriber would result in significant hardship.

Medicare is expected to save up to \$156 million over the five-year course of the program in avoided adverse drug events. It's been estimated that Medicare beneficiaries experience as many as 530,000 adverse drug events every year, contributed to in part by negative interactions with other drugs, or a prescriber's lack of information about a patient's medication history.

According to the Institute of Medicine (IOM), more than 1.5 million Americans are injured each year by drug errors. Electronic prescribing can help deliver safer, more efficient care to patients.

E-prescribing has the potential for improving beneficiary health outcomes. For providers, prescribing electronically improves quality and efficiency and reduces cost by actively promoting appropriate drug usage; providing information to providers and dispensers about formulary-based drug coverage, including formulary alternatives and co-pay information; and speeding up the process of renewing medications. E-prescribing, if permitted for controlled substances, also may play a significant role in efforts to reduce the incidence of drug diversion by alerting providers and pharmacists of duplicative prescriptions for controlled substances.

This incentive payment for successful electronic prescribers is a significant step forward for the encouragement of the use and

adoption of e-prescribing throughout the health care system. Advancements in the adoption of e-prescribing will help further the transformation of the current health care system into a system based on value.

U.S. Department of Health and Human Services Secretary (HHS) Mike Leavitt has consistently advocated for Medicare payments to be connected to physicians' adoption of e-prescribing and recently Congress enacted legislation allowing such an effort to go forward.

In 2004, President George W. Bush set a goal for most Americans to have secure access to a secure, interoperable electronic health record by 2014. Electronic prescribing has been identified as an area where significant progress could be made quickly to improve the quality of care.

QUALITY REPORTING MEASURES

In another step toward establishing a health care system based on value, the first payments under the Medicare Physicians Quality Reporting Initiative (PQRI) have been awarded. By collecting data on quality, health care providers can use the information collected to improve patient care.

Through PQRI, the Centers for Medicare & Medicaid Services (CMS) has provided more than \$36 million in bonus payments to more than 56,000 health professionals who reported quality information to Medicare. The average incentive amount for individual physicians was more than \$600 and the average incentive payment for physician group practices was more than \$4,700. The largest payment to a physician group practice totaled more than \$200,000.

Recent legislation extends the physician quality reporting system and provides for incentive payments of 2 percent for reporting data on quality measures in 2009 and 2010, up from 1.5 percent in 2008. In addition, CMS will post on its Web

site the names of eligible professionals who satisfactorily submitted data on PQRI quality measures and establish a Physician Feedback Program in which claims and other data will be used to develop confidential reports to physicians that measure the resources involved in furnishing care to Medicare beneficiaries.

STEPS TO VALUE-BASED SYSTEM

These initiatives are an example of the leadership HHS provides in the transformation of the current U.S. health care model into a system based on value. HHS is working to ensure that consumers know the quality and cost of their health care. Health care transparency provides consumers with the information and incentives necessary to choose health care providers based on value.

Providing timely and reliable cost and quality information empowers consumer choice. Consumer choice creates incentives at all levels, and motivates the entire system to provide better care for less money. Quality improvement will continue as providers can see how their practice compares to others. Electronic prescribing is one part of broader efforts to accelerate the adoption of health IT and the establishment of a health care system based on value.

For additional information, please go to: <http://www.hhs.gov/valuedriven/> and <http://www.cms.hhs.gov/pqri/>

Region VI Update: Carrie Thompson-Widmer

has accepted new responsibilities within the Aging Services Unit at SC and will be transitioning from her current responsibilities with the ND Family Caregiver Support Program to serving as the Aging Service Program Administrator for Region VI. Carrie's knowledge of Older American Act services and prior experience working with a multifaceted system of support will serve SC and our older adult/adults with disabilities consumers very well

as she becomes responsible for the ongoing development and management of a comprehensive service delivery system.

Region III Update: Shirley Tandeski has accepted the position of Adult Protective Services Coordinator as of October 15. She will also continue working with the Severely Mentally ill, Clients with addiction issues and Dual Diagnosis Clients. Shirley has worked at LRHSC since 1991 when she accepted a position working as a therapist in the Clinical Unit. Prior to that Shirley worked several years as a Nurse and Medical Social Worker in a Hospital and Long Term Care Facility. Please join me in welcoming Shirley. Ava Boknecht, previous Adult Protective Services has accepted the position as Supervisor of the A&D Unit here at the Center. I thank her for her years of service and wish her well in her new position.



**Foster Grandparents
Sharing a
LIFETIME
of Wisdom**

Check out the new web page:
http://www.seniorservice.org/redrivervalley_fgp
Red River Valley Foster Grandparent Program
(701) 795-3112 or 888-256-6742

Minnesota-North Dakota, information, education, friendship and support. To learn more about a support group near you, call the Information 24/7
Information Helpline at
1.800.232.0851 or visit
<http://www.alzmdak.org/2familyservices/findingresources.htm> - Support%20Groups.

School Bus Safety Alert

We need to pay special attention to the yellow and red flashing lights on the many school buses that are out there now. Flashing yellow lights indicate the bus is approaching a stop and the red lights will come on momentarily. The law forbids vehicles approaching from either direction from passing school buses that are stopped with their red lights flashing or while their stop sign is out. If you pass a school bus while their red lights are flashing or their stop sign is out, you will be fined and also receive 6-points on your driving record!

**REMEMBER TO BUCKLE
UP EVERY TIME YOU GET
IN A VEHICLE!!!!**

There's no place like home!

Why not consider being an Adult Foster Care Provider?

- **You** can provide a safe, caring environment for adults age 18 and older with special needs
- **You** can support their ability to live independently
- **You** can receive monthly payments for room, board and care

Help these adults remain a vital part of our community.

United Way

Contact Grand Forks County Social Services Today!
701-787-8540

Recruitment Campaign Funded by United Way of GF&E

ND FamilyCaregiver Support Program

I would like to thank all of you caregivers and providers for taking the time to return all of the necessary paper work for the new fiscal year that started July 1st. It can be a very hectic time, and I appreciate your prompt action in returning all the forms in a very timely manner. During that re-enrollment period I have taken several phone calls with questions

regarding services covered under the North Dakota Family Caregiver Support Program, and I would like to take a few moments to address some of the most frequently asked questions.

Can the program pay for help with housecleaning?

- No. The program is designed to give the caregiver a break from caregiving tasks, such as bathing, dressing, toilet use, and transferring or eating. It is acceptable to provide cleaning that is incidental to the care, such as cleaning up after a meal, or picking up the bathroom after bathing assistance.

Can the respite provider distribute medication?

- No. The program does not cover medical respite.

Can the respite provider take my family member out of the home?

- No. Respite care is to take place within the home, or an adult/child day care setting or an institutional setting. Taking the care recipient out of the home for car rides, shopping trips, coffee/lunch and to clinic appointments are not covered services under the respite program.

I still work occasionally, so can I use that time for respite.

- No. The respite program cannot pay for time spent at your job. The program is

specifically set up to cover the times that you need time away from your caregiving duties for errands, appointments, social outings, or even a nap.

We recognize that caregiving can be very draining and time consuming, and we want to encourage all of you receiving services to use the respite time to attend to some of your own needs, and enjoy some time away from your caregiving responsibilities. Please call me at (701) 328-8776 if you have other questions regarding the program, or you would like to discuss other options for in-home assistance.

Taking Care of Yourself - Boost Your morale



Consider posting a bulletin board with pictures of family and friends where you spend time. Update the pictures whenever possible

The Comfort of Home

© 2004 CareTrust Publication 800/565-1533

www.comforttohome.com

CONSUMER FACTS FOR OLDER AMERICANS

Prepaid Debit Cards for Social Security and SSI

New Social Security and Supplemental Security Income recipients without a bank account now have the option of receiving benefits through a prepaid "Direct Express" MasterCard debit card instead of a paper check.

Is the Direct Express Card better than a paper check?

For those without bank accounts, the Direct Express card has important benefits:

- **No check cashing fees.** Get cash free or for a small fee.
- **Receive money faster.** Funds will be available the day they are paid, without waiting for a check to arrive in the mail.
- **Convenience.** The card can be used anywhere a MasterCard debit card is accepted, including for telephone and online payments. Get cash from any bank, ATM or merchant who provides cash back.
- **Safety.** You don't need to "cash" the entire payment at once, and funds stored on the card are safer than cash. You are protected from theft if you report the theft promptly.
- **Record keeping.** Statements are available detailing your purchases.

However, you must protect your card by safeguarding the personal identification number (PIN), by reviewing your statements regularly, and by being aware of the fees for some services.

TIPS:

- **Sign up for regular monthly statements.** It is worth 75 cents/month to protect the card from unauthorized charges and to have a complete record of transactions.
- **Free cash.** One cash withdrawal is free per deposit at ATMs in the Direct Express network (see website listed on next page). Withdrawals are also free inside at the teller window at any MasterCard member bank (most banks) or by asking for cash back from a purchase.
- **Sign up for free deposit and low balance alerts** by telephone, email or text message.

Are There Fees? There is no sign-up or regular monthly fee for the card.

The only fees are:

- 90 cents for ATM withdrawals

after the first free one per deposit (plus any surcharge from a non-network ATM)

- 75 cents for automatic monthly paper statement
- \$1.50 for automated telephone (IVR) transfers to another account
- 50 cents per bill for online bill payment
- \$4 for a replacement card after the first one each year
- \$13.50 for expedited delivery of a replacement card
- \$3 for international ATM withdrawals
- 3% for purchases or withdrawals in an international currency

How do I know how much money is on the card?

You can call customer service or check the balance online or at an ATM for free. You can also sign up for free text, telephone or email messages to alert you when a deposit is made or your balance slips below an amount you pick.

Will I get a statement?

You can view the last 90 days of activity online. You can sign up for a regular paper monthly statement for \$0.75/month or get one for free from time to time by calling customer service.

Is the money on the card safe?

The funds are FDIC-insured. If your card or password is lost or stolen, you can get a replacement card or change the password. If someone makes an unauthorized charge, you are liable for no more than \$50 if you report the loss or theft within two business days of learning about it.

Can I get the Direct Express Card if I have a bank account?

Yes, but you will have to ask. Direct deposit into a bank account is better for most people, but if you have debts that might lead a debt collector to garnish your account, the Direct Express card is safer because it cannot be frozen except for child support, alimony,

and debts to the federal government like taxes and student loans.

What if I still want a paper check?

If you prefer to receive a paper check, you can ask for one.

Useful information:

U.S. Treasury Department's Direct Express information:
<http://www.fms.treas.gov/directexpresscard>

Direct Express Enrollment:

<http://www.USDirectExpress.com>
(also has surcharge-free ATM locations) or (977) 212-9991

Consumer Information for Seniors and Others:

http://www.nclc.org/issues/seniors_initiative/information.shtml

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Legal Services of North Dakota

General Centralized Intake Toll Free Number - 1-800-634-5263

Seniors (60 and over) Intake Toll Free Number - 1-866-621-9886

This number should be used by persons wanting help from LSND. All initial screening and advice is provided through these toll free numbers.

<http://www.legalassist.org/>

Survey results find perceptions about alcohol and drug use differ from facts on community problems

The North Dakota Department of Human Services released the results of a statewide community readiness survey that was conducted last April. The results show that key community professionals involved in local law

enforcement, health, counseling, and treatment and prevention perceived that alcohol use by youth and adults is a more serious problem than members of the general public who were surveyed.

"We found that too many North Dakotans believe alcohol is a minor to moderate problem among adults and the state's youth," said JoAnne Hoesel, the department's Mental Health and Substance Abuse Services Division Director.

"We intend to work with key groups of professionals and communities to strengthen relationships and collaboration in order to create more awareness and educate more people about the consequences of alcohol abuse, and how it negatively impacts North Dakota," Hoesel said. She said the statewide survey of 14,400 adults and 1,725 key community professionals is an important benchmark about perceptions of alcohol and drug use, as well as current prevention efforts.

Adults surveyed were almost equally split between those who perceived alcohol use by youths as a serious problem (41.3 percent) and those who perceived it as a mild to moderate problem (45.3 percent). Of the key community professionals surveyed, 62.2 percent ranked alcohol use by youth as a serious problem. Project lead Pamela Sagness said that 5.4 percent of the adults surveyed indicated that alcohol was not a problem in their community.

ADULT USE

Surveyed respondents did not indicate as much concern about alcohol use by adults. Sagness said two thirds of the general population group and about half of the key community professionals responded that alcohol use among adults is a mild to moderate problem in their community.

"Perceptions about alcohol usage as a problem do not seem to match what we know about North Dakota," she said citing data from a number of agencies.

ALCOHOL IMPACT ON SOCIETY

According to 2007 data from the state Department of Transportation data, alcohol or drugs were a contributing factor in 598 car crashes, and 63 North Dakotans died last year because a driver was under the influence of alcohol. Alcohol/drugs/medication was the number one contributing factor to fatal crashes last year.

"In the Department of Human Services, alcohol is the primary drug of choice reported by clients participating in treatment services at our regional human service centers," Sagness said. Alcohol is also a leading contributing factor to crime. According to the Attorney General's North Dakota Crime Summary 2007, 40 percent of all arrests in North Dakota in 2007 were alcohol-related, and one-fourth of all adults arrested in the state in 2007 were arrested for driving under the influence."

Sagness said, "We also know that alcohol use is a risk factor for domestic violence. The North Dakota Council on Abused Women's Services/Coalition Against Sexual Assault in ND reported that about one third of domestic violence cases last year involved alcohol use by the offender."

She said many communities are involved in prevention efforts, and an increased awareness of those efforts will further strengthen local planning and activities. Minot State University's Rural Crime and Justice Center conducted the survey for the department in April 2008. The response rate for the general population was 16.8 percent, and for the professionals it was 36.29 percent. It has a margin of error of 10 percent.

The Community Readiness Survey report is available on the Department of Human Services' Web site at <http://www.nd.gov/dhs/prevention.html>.

How the AARP Foundation Can Help

By providing free on-line tools, educational materials, and volunteer support, the AARP Foundation helps improve the financial security of Americans with limited incomes, with a special focus on adults 50+, women, people of color, and grandparents raising grandchildren. The AARP Foundation can help you:

- **Increase your income** through improved job skills, work opportunities, public benefits and tax credits, and improved money management assistance.
- **Plan ahead for caregiving responsibilities** and identify resources in advance, so you can make informed choices about how to spend your resources and time to support a loved one.

Find local resources and support when caring for grandchildren.

AARP Foundation Programs, Tools and Resources to Help You:

Improve your job skills:

WorkSearch can help older workers, with and low-to-moderate incomes, assess their job skills, identify jobs that fit their skills, and gain training and work experience. And for those 55 or older who meet income guidelines, WorkSearch can provide an hourly wage during training through its Senior Community Service Employment Program (SCSEP).

Find a site near you: WorkSearch sites are in certain states only- www.aarpworksearch.org or call or email 1-866-664-5365 or worksearch@aarp.org

The Women's Scholarship Program is open to women 40+ whose income is within 150% of poverty. Priority is given to women who are raising the children of another family member, those in dead end jobs and those who have

been out of the paid workforce for five or more years. The program does not offer scholarships for graduate degrees. It seeks primarily to assist women who are in the final stages of their college or trade program. Scholarships range from \$500-\$5,000.

Get a fact sheet at:

<http://www.aarpfoundationwlc.org/>

Access online tools and apply

@ <http://www.aarpfoundationwlc.org>

Enroll in public benefits that help cover costs:

Benefits QuickLINK is a one-stop resource to find and apply for programs that help cover basic needs. Find out if you, your parent, or your children might qualify for 15 of the most valuable free and low-cost programs that can help cover the cost of groceries, health care, prescription drugs and utilities. Answer a short list of question and get fact sheets, applications, and local agency information.

Access Benefits QuickLINK at:

www.aarp.org/quicklink

Order print materials: To order a "Public Benefits that Can Help Americans 50+" State Fact Sheet, call 1-888-OUR-AARP (1-888-687-2277)

Access materials online:

Download a Fact Sheet at www.aarp.org/money/lowincomehelp/quicklink

Get Tax Credits:

AARP Tax-Aide offers free, face-to-face tax assistance and preparation at nearly 6,700 AARP Tax-Aide sites nationwide each year from late January/early February through April 15, located in senior centers, libraries, community centers, and at other convenient locations.

Find a site near you:

https://locator.aarp.org/vmis/sites/taxaide_locator.jsp to find sites by zip code or call 1-888-227-7669.

Access online assistance: To get answers to tax questions 24/7, all year long, go to

www.aarp.org/taxaide and submit a question. Trained AARP Tax Aide volunteers will answer them.

Get help managing your basic finances:

Money Management helps low-income older adults or people with disabilities who have difficulty budgeting, paying routine bills, and keeping track of financial matters. The program also provides a variety of booklets with basic financial information, such as budgeting, credit, and debt.

Find a site near you: Money Management Program available in certain states only – check

http://www.aarpmmp.org/mm_program.cfm for list of states

Access materials online: at

http://www.aarpmmp.org/mm_program.cfm

Order print materials: To order the Smart Money Budget Book or 15 Minutes to Financial Security, or any other Money Management print materials call 1-888-OUR-AARP (1-888-687-2277)

Figure Out if a Reverse Mortgage is the right choice for you:

The Reverse Mortgage Education Project (RMEP)

provides phone assistance, on-line tools, and print materials to help people make the right choices. Reverse Mortgages can help adults over 62 who meet income guidelines to borrow some of the accumulated equity in their homes without having to repay the loan until they sell the home or permanently move away. RMEP educates eligible individuals about Reverse Mortgages and other alternatives.

Find a reverse mortgage

counselor near you: Call or email 1-800-209-8085 or

rmcounsel@aarp.org

Access online tools: including the Home Made Money booklet at www.aarp.org/revmort

Order print materials: A single copy of either the English or Spanish version of Home Made

Money: A Consumer's Guide to Reverse Mortgages is free to consumers who call 1-800-209-8085.

www.hecmresources.org/project/project_consumer_materials.cfm

Care for Older Relatives:

Prepare to Care helps adults and their family members create a caregiving plan for an aging parent or other relative before a crisis occurs.

Access online tools:

www.aarp.org/foundation/prepareto care

Order print materials: To order Prepare to Care Planning Guides email or call benefits@aarp.org or 1-888-OUR-AARP (1-888-687-2277)

Care for Grandchildren: **The AARP Foundation Grandparenting Program**

serves grandparents in their various roles, with a special focus on those caring for grandchildren, primarily through an extensive website featuring articles and online tools and resources to help grandparents find local support groups, state and local level resources, and public benefits. Find national, state, and local level resources, services, and programs.

Access online tools: The GrandCare Toolkit at

www.aarp.org/grandparents

Order print materials: 1-888-GRAND-18 (1-888-472-6318) or gic@aarp.org

Region IV Health and Wellness Site Schedule

Grand Forks County: Greater Grand Forks Senior Citizens Association,
Grand Forks, ND,
701-772-7245

Gilby: 3rd Thursday of every other month

Manvel: 2nd Friday of every other month

Northwood: 3rd Friday of every month

Thompson: 2nd Monday of every other month

Nelson County: Home Health Services of Nelson County Health System, McVille, ND, 701-322-4328

Schedules announced regularly with services offered every other month, odd months.

Pembina County: The Diabetes Center of Altru Clinic-Cavalier, Cavalier, ND, 701-265-8338

Cavalier: 2nd Tuesday of every month

Drayton: Last Monday of every month

Neché: mornings, 2nd Monday of every month

Pembina: afternoons, 2nd Monday of every month

St. Thomas: mornings, 3rd Monday of every month

Walhalla: 1st Monday of every month

Walsh County: Home Health Hospice Services of Unity Medical Center, Grafton, ND, 701-352-9399

Grafton: 3rd Tuesday of every month

Park River: 4th Wednesday of every month

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I - Karen Quick
1-800-231-7724

Region II - MariDon Sorum
1-888-470-6968

Region III - Donna Olson
1-888-607-8610

Region IV - Patricia Soli
1-888-256-6742

Region V - Sandy Arends
1-888-342-4900

Region VI - Carrie Thompson-Widmer
1-800-260-1310

Region VII - Cherry Schmidt
1-888-328-2662

Region VIII - Mark Jessor
1-888-227-7525

North Dakota Aging and Disability Resource-LINK:
1-800-451-8693

<http://www.carechoice.nd.gov>

Region IV Aging Services newsletter at the following link:

<http://www.nd.gov/humanservices/info/pubs/aging.html>

Vulnerable Adult Protective Services

Region I & II - Dale Goldade,
Vulnerable Adult Protective Services, Long Term Care Ombudsman -
1-888-470-6968

Region III - Shirley Tandeski,
Vulnerable Adult Protective Services, **1-888-607-8610**

Region IV - Vulnerable Adult Protective Services, Patricia Soli - 1-888-256-6742.

Direct referral Grand Forks County Social Services VAPS - 701-797-8540.

RaeAnn Johnson, contact for Vulnerable Adult Team (VAT) and Education- 1-888-256-6742.

Long Term Care Ombudsman **1-888-607-8610.**

Region V - Vulnerable Adult Protective Services, Sandy Arends - 1-888-342-4900.
Direct referral may be made to Cass County Adult Protective Services unit - **701-241-5747.**

Region VI - Russ Sunderland,
Vulnerable Adult Protective
Services - **701-253-6344**.

Region VII - Cherry Schmidt,
Vulnerable Adult Protective
Services - **1-888-328-2662**

Region VIII - Mark Jesser,
Vulnerable Adult Protective
Services & Long Term Care
Ombudsman -
1-888-227-7525

ND Family Caregiver Coordinators

Region I - Karen Quick -
1-800-231-7724

Region II – Theresa Flagstad
– **1-888-470-6968**

Region III - Kim Locker-
Helten – **1-888-607-8610**

Region IV - Raeann Johnson
– **1-888-256-6742**

Region V –Laura Fischer-
1-888-342-4900

Region VI-CarrieThompson-
Widmer –**1-800-260-1310**

Region VII - LeAnn Thomas–
1-888-328-2662

Region VIII – Michelle
Sletvold – **1-888-227-7525**

Other

- Aging Services Division
Office and Senior Info
Line: **1-800-451-8693**
- AARP: **1-888-OUR-AARP
(1-888-687-2277)**
- AARP Pharmacy:
1-800-456-2277
- ND Mental Health
Association: **701-255-3692**
- ND Mental Health
Association Help-Line:
1-800-472-2911
- **IPAT** (Interagency Program
for Assistive Technology):
1-800-265-4728
- Legal Services of North
Dakota: **1-800-634-5263** or
1-866-621-9886 (for persons
aged 60+)

- Attorney General's Office of
Consumer Protection: **701-
328-3404** or **1-800-472-2600**

- Social Security
Administration:
1-800-772-1213

- Medicare: **1-800-247-2267/
1-800-MEDICARE**

Toll-Free 800 Information:
(Directory Assistance for 800
number listings):
1-800-555-1212

- Senior Health Insurance
Counseling (SHIC) ND
Insurance Department:
1-701-328-2440
- Prescription Connection:
1-888-575-6611

Energy Assistance

**For more information on energy
assistance programs call:**

- Grand Forks County Social
Services: (701) 787-8500.
- Red River Valley Community
Action: (701) 746-5431.
- The Salvation Army: (701) 775-
2597.
- St. Vincent de Paul: (701)
795-8614.

Local energy contacts:

- Excel Energy: (800) 895-4999
(residential customer service).
- NoDak Electric Cooperative:
(701) 746-4461.